



INITIAL INCIDENT REPORT
LEAKING UNDERGROUND STORAGE TANK PROGRAM
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

LUST INCIDENT# _____ - _____ - _____
PRIORITY RANKING: LOW MEDIUM HIGH

DATE: ____/____/____

FACILITY NAME: _____ **FACILITY I.D.:** _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

CONTACT PERSON: _____ **PHONE NUMBER:** (____) _____ - _____

RESPONSIBLE PARTY: _____ **OWNER I.D.:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____ **PHONE NUMBER:** (____) _____ - _____

REPORTED BY: _____ **COMPANY:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: (____) _____ - _____ ext. _____

TANK(S) SIZE: CONTAMINANT:

_____ GALLONS GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____

_____ GALLONS GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____

_____ GALLONS GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____

_____ GALLONS GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____

_____ GALLONS GAS; KEROSENE; JET FUEL; DIESEL; WASTE OIL; VIRGIN OIL; HZD: _____

LOCATION OF RELEASE(S):

☐ TANK ☐ PIPING LINE ☐ JOINT CONNECTIONS ☐ PUMP ISLAND

☐ OTHER: _____

KNOWLEDGE OF RELEASE(S) BY:

☐ FAILED T.T.T. ☐ INVENTORY LOSS (_____ gallons) ☐ DURING UST CLOSURE

☐ CATASTROPHIC SPILL (estimated quantity lost _____ gallons) ☐ LONG-TERM OVERFILL

☐ OTHER: _____

AFFECTED AREA(S):

☐ NATURAL SOILS

☐ BACKFILL (_____ cubic yards) ☐ HIGHEST LAB SAMPLE RESULT: TPH _____ ppm

☐ DOMINANT SOIL TEXTURE: _____ ☐ UNKNOWN

☐ GROUNDWATER

☐ WATER TABLE DEPTH (_____ feet below grade)

☐ HIGHEST LAB SAMPLE RESULT: B _____ T _____ E _____ X _____ ppb

	Yes	No
DRINKING WATER INTAKE WITHIN 1/4 MILE	<input type="radio"/>	<input type="radio"/>
UTILITY LINES AFFECTED	<input type="radio"/>	<input type="radio"/>
VAPORS IN INHABITABLE BUILDING	<input type="radio"/>	<input type="radio"/>
FREE PRODUCT (_____ inches/feet thick)	<input type="radio"/>	<input type="radio"/>

ALTERNATIVE REMEDIAL TECHNOLOGY PROPOSED:

☐ SOIL VAPOR EXTRACTION ☐ THERMAL STRIPPING ☐ MICROBIAL DEGRADATION
☐ SOIL FLUSHING ☐ ON-SITE LANDTREATMENT (apx. _____ cubic yds.)
☐ LANDFILL (apx. _____ cubic yds. to _____)
☐ OTHER: (_____) ☐ *TO BE DETERMINED*

☐ PUMP & TREAT ☐ AIR-SPARGING ☐ MICROBIAL DEGRADATION
☐ OTHER: () ☐ *TO BE DETERMINED*

	Abatement Report 20 Days	UST Closure 30 Days	ISC 45 Days	ISC/CAP 60 Days
HIGH				
Inhabitable Building Affected	____/____/____	____/____/____	____/____/____	
Drinking Water Affected	____/____/____	____/____/____	____/____/____	
Groundwater Impacted with Free Product	____/____/____	____/____/____	____/____/____	
Utility Lines Affected	____/____/____	____/____/____	____/____/____	
MEDIUM				
Groundwater Impacted with Dissolved Contaminants		____/____/____	____/____/____	
LOW				
Backfill/Overexcavation Soils Only		____/____/____	____/____/____	____/____/____

SUBMITTED BY: